As a below named inventor, I hereby decare that:



My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first	and sole inventor (if only one;	name is listed below) or an	original, first and joint	invent	or (if piural
CYTOKINE ANTAGO	NISTS. FOR THE TRE	ATMENT OF	ient is sought on the the speci	invent ificatio	n of which
(check one)XQX is attached here	DEKS eto.	•			
□ was filed on _	* b	······································	<u> </u>	<u></u>	as
Application Se	rial No ded on				
and was afficin	2ed On			— (II	applicable).
I hereby state that I have reviewed to	ed and understand the contents of above.	of the above identified speci	fication, including the c	laims.	as amended
I acknowledge the duty to discle Code of Federal Regulations, §	ose information which is materl 1.56(a).	al to the examination of the	s application in accord:	ance w	ith Title 37,
I hereby claim foreign priority be certificate listed below and have before that of the application of	e also identified below any forei	tates Code, §119 of any foreign application for patent of	ign application(s) for p Inventor's certificate h	atent o	or inventor's a filing date
Prior Foreign Application(s)			Pr	iority	Claimed
(Number)	(Country)	(Day/Month/Yea	r Filed)	Yes	No
(Number)	(Country)	(Day/Month/Yes	r Filed)	Yes	No
(Number)	(Country)	(Day/Month/Yes	r Filed)	Yes	No
Application Serial No.)	(Filing Date)	(Status—patented, pen	ding, s	abandoned)
Thereby appoint the following a Frademark Office connected the	itomey(s) and/or agent(s) to pro erwith:	osecute this application and	to transact all business	in the	Patent and
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- - -	EZRA SUTT				 .
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-		e, New Jersey O	7.095	·	
I hereby declare that all statements belief are believed to be true; an like so made are punishable by a such willful false statements may	d further that these statements incoment, or both, y jeopardize the validity of the	were made with the knowle under Section 1001 of Title application of any patent.	dge that willful false st e 18 of the United State Issued thereon.	atemor es Cod	nts and the le and that
Full name of sole or first insen	EDWARD L.	TOBINICK, M.D.			
Inventor's signature		Date X APRI	14,300		·-
Full name of sole or first in the Inventor's signature LOS Angeles	; California 9009	5-6903 Citizenship Ur	ited States	of A	I merica
	UCLA Medical Plaz Angeles, <u>Californ</u>	3 \117 PA '371L			
Full name of second joint inven	tor, if any			<u> </u>	
Second Inventor's signature					
Residence					
Post Office Address		-	*****	-	
			<u> </u>		